

Utah Primary Care Network (PCN) Enrollee Self Health Assessment

**FOR THE 4,861 PCN APPLICANTS
WHO COMPLETED HEALTH ASSESSMENT FORMS
JULY 1, 2002 THROUGH SEPTEMBER 30, 2002**

**Submitted to:
Executive Director's Office
Office of Children's Insurance and Access Initiatives**

**By:
Office of Health Care Statistics
Center for Health Data
Utah Department of Health
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Executive Summary

PCN Health Assessment Quarterly Report No. 1 - Baseline Indicators

The quarterly report on the PCN respondents' self-health assessments intends to provide baseline and on-going information to the PCN program and its partners. The information in the report is organized around ten health indicators as follows:

Health Indicator	Non-Former UMAP Respondents N = 4,175	Former UMAP Respondents N = 686	All Respondents N = 4,861
Health Status and Conditions			
1. Self-Reported Health Status (SF-12)			
Physical Health Component	47.99	32.12	45.82
Mental Health Component	40.30	39.99	40.26
2. Prevalence of Chronic Conditions			
Arthritis (previously diagnosed)	14.7%	40.8%	18.4%
Asthma (current condition)	11.4%	22.7%	13.0%
Diabetes (previously diagnosed)	8.1%	23.3%	10.3%
High Blood Pressure (current condition)	13.2%	11.4%	37.6%
Health Risk Behavior			
3. Prevalence of Smoking and Chewing Tobacco Use	28.0%	44.9%	30.4%
Health Care Utilization in the Past 6 Months			
4. Got Needed Care			
Medical Care	64.8%	75.1%	66.8%
Dental Care	38.7%	33.6%	37.9%
Prescription Medication	62.2%	69.8%	63.7%
5. Received Routine Health Care	50.8%	82.5%	55.4%
6. Emergency Department Visits	23.4%	37.0%	25.4%
7. Hospitalization	8.3%	15.4%	9.3%
8. Got Specialty Care	32.3%	62.8%	36.6%
Dis-Satisfaction with Health Care in the Past 6 Months			
9. Problem Getting Needed Care	42.5%	64.0%	45.5%
10. Problem Getting Referrals to Specialists	43.8%	60.1%	47.8%

By September 30, 2002, Utah Office of Health Care Statistics had received a total of 4,861 completed health assessment forms, which originated from all 29 counties in Utah during PCN orientation sessions or through a mail survey. Approximately one sixth of the respondents were former UMAP PCN enrollees (N=686). The respondents reported here include people who formally applied for PCN and completed the assessments, whether or not they were later denied. The above 10 health indicators were selected from the 37 questions in the PCN enrollee self-health assessment questionnaire. Benchmark and comparable information and more statistical tests will be presented in future reports.

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Note: Appendix B is not included in the electronic copy of this report. Please contact Mike Martin at 538-9205 or mikemartin@utah.gov, if you would like a copy of the tables.

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I. Purpose of the Quarterly Report

The quarterly report on the PCN enrollee self-health assessment intends to provide baseline and on-going information to the Utah Primary Care Network (PCN) Program, PCN providers, partners, and other interested parties. This report focuses on ten health indicators on PCN enrollees' health status, utilization, and satisfaction with received care prior to participating in the PCN program. We hope that the report can help users to better assess needs of PCN enrollees and improve health care services for the targeted population.

II. PCN Enrollee Self Health Assessment

The Office of Health Care Statistics (OHCS) in the Center for Health Data, Utah Department of Health is responsible for evaluating the health outcomes of the Utah Primary Care Network (PCN) enrollees. The health outcome evaluation will answer the following question on PCN impact: Does the availability of primary and preventive care improve the enrollees' health status and improve their access to health care and satisfaction with the care? To accomplish this objective, OHCS has developed a self-health assessment questionnaire (see Appendix A) to gather baseline health information on all first year Primary Care Network enrollees around their enrollment time.

The PCN Program had two different enrollment processes to accommodate two types of eligible PCN applicants in July 2003, the first month of the PCN enrollment. One type of the applicants is a former beneficiary of Utah Medical Assistance Program (Former UMAP). All former UMAP beneficiaries, as of June 2003, received notices and a PCN application form from the PCN Program before July 1, 2003. They could enroll PCN by mailing back the PCN application form with other required materials to the PCN Program in July. After August 1, 2003, former UMAP beneficiaries have to follow the PCN general enrollment procedure as described below.

After an uninsured adult applies for PCN, the individual is then deemed either eligible or ineligible for the program. PCN eligibles are required to attend an orientation at their nearest Utah Medicaid Health Program Representative (HPR) office in urban areas or Local Health Departments (LHD) in rural areas. During the orientation meeting, the HPRs and LHD provide educational information to PCN eligibles about the PCN coverage and services and encourage them to use primary and preventive health care. Each participant is also asked to voluntarily complete the health assessment form. Health assessment forms are distributed during PCN orientation sessions at eligibility offices statewide in all 29 counties in Utah. In some cases, the HPR or LHD worker will send home the survey with a stamped self-addressed envelope for return to OHCS. The HPRs and local health departments' workers mail back completed forms every Friday to the Office of Health Care Statistics. By the end of September 2003, OHCS received 4,355 assessment forms collected through the orientations.

Former UMAP clients, who applied for PCN and did not attend an orientation meeting, were contacted by mail from OHCS over the course of eight weeks after August 1, 2003. The Utah Department of Workforce Services identified 822 enrollment records as former UMAP beneficiaries and PCN enrollees for OHCS. OHCS mailed out the health assessment survey to 621 former UMAP PCN

applicants, excluding 180 former UMAP beneficiaries who participated in the orientations and completed the assessments and 67 invalid mailing addresses. A 30-minute free phone card was sent to the respondents after they returned the assessment forms. Three separate mailings were sent by OHCS followed by a reminder postcard seven days after each mailing. Nearly 82% (n = 506) of former UMAP clients who received a survey by mail sent back a completed form. By end of September 2002, OHCS had received health assessment forms (n=686), including 180 filled out in HPR offices and/or LHDs, from 71.8% of the enrolled former UMAP/PCN population.

As of September 28, 2002, PCN Program reported that the total enrollment was at 4,398. However, OHCS received a total of 4,861 assessment forms through September. The difference between two sources reflects the denials of PCN applicants that occurred after an applicant completed the survey at PCN orientation. This is consistent with the reported moderate denial rate in PCN enrollment reports.

III. PCN Health Assessment Respondents Covered by this Report

We use the term “PCN health assessment respondents” or “PCN respondents” throughout this report to report the results of the self-health assessment surveys. We cautiously avoid to use the phrase of “PCN enrollee” going forward since approximately one out of every ten-health assessment respondents might be denied their PCN enrollment after they completed the assessment forms. In other words, the population covered by this report includes people who formally applied for PCN, whether or not they were later denied. OHCS is working on linking the assessment records with the PCN eligibility file. Future quarterly reports will contain analysis on the PCN “enrolled” population.

Ten-health indicators’ information on a total of 4,861 PCN health assessment respondents is presented in the report. Since we conducted a mailing survey with the former UMAP/PCN respondents who also had previous experiences with Utah Medicaid Program, we report the former UMAP PCN respondents separately from non-former UMAP PCN respondents.

Nearly 23% of respondents in this report possess a college degree two years or higher, and approximately 12% of this population are age 55 or over. The majority of the respondents are female (59.6%). Approximately 95.4% of the respondent’s report ‘English’ as a language spoke at home.

IV. Selected Health Indicators for PCN Health Assessment:

Ten health indicators are derived from the 37 questions in the PCN health assessments. They are two health status indicators, five health care utilization indicators, one health risk behavior indicator, and two enrollee dis-satisfaction indicators. Benchmark and comparable information will be selected and reported with the PCN information in future reports.

Health Status and Health Conditions:

Indicator 1: Self-Reported Health Status (SF-12)

Indicator 2: Prevalence of Chronic Conditions

This section of indicators will serve as outcome measures for the PCN Program performance. Meanwhile, the PCN Program can use the information on prevalence of chronic conditions to conduct health promotion and disease prevention to PCN enrollees.

Health Care Utilization:

Indicator 3: Got Needed Care

Indicator 4: Received Routine Health Care

Indicator 5: Emergency Department Visits

Indicator 6: Hospitalizations

Indicator 7: Got Specialty Care

This section of indicators represents needs assessment for PCN services. It provides information to the PCN policy makers to modify or update the PCN coverage policies and provider recruitment. The PCN Program also can use the information to promote use of primary and preventive care among PCN enrollees.

These indicators also serve as indirect outcome measures. With the improvement of health status of PCN enrollees, their health care needs will change accordingly.

Risk Behavior:

Indicator 8: Prevalence of Smoking and Chewing Tobacco Use

This risk behavior indicator is also an indicator of PCN enrollees' needs for preventive care. The PCN Program can use the information to conduct targeted intervention to PCN tobacco users to reduce health risk among the PCN population.

Enrollee Dis-Satisfaction:

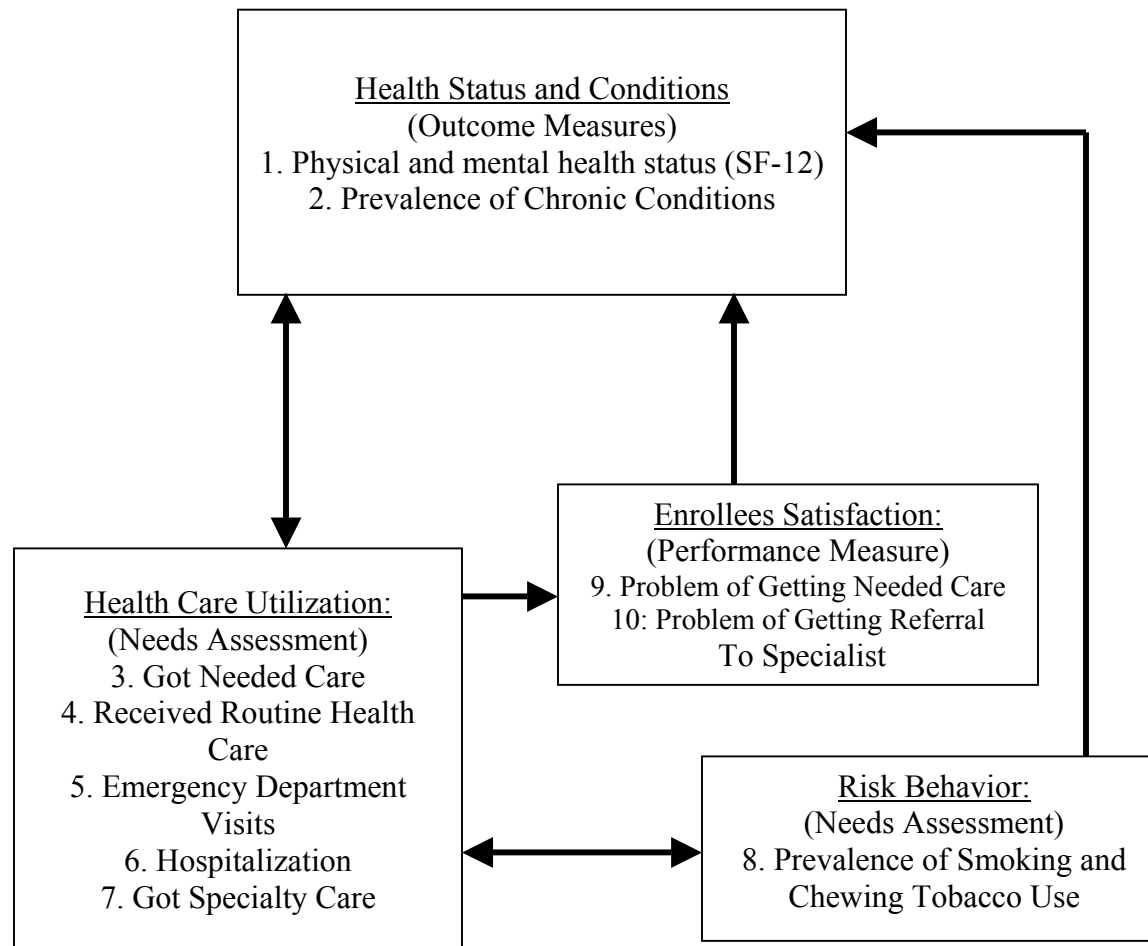
Indicator 9: Problem of Getting Needed Care

Indicator 10: Problem of Getting Referral to Specialists

These two indicators are the program performance measure and reflect the enrollees' satisfaction with the PCN coverage in general (Indicator 9) and the adequacy of the PCN voluntary specialist network (Indicator 10).

The relationship and interaction among the PCN health indicators is further described in the following diagram:

**Relationship and Interaction Among PCN Health Indicators
and Outcome or Performance Measures
- A Framework Based on the PCN Self Health Assessment Survey**



IV. Information on Each of the Selected Indicators

Indicator 1: Enrollees' Self-Reported Health Status (a) – Physical Component (SF-12)

For the first 4,861 PCN respondents, 7/1/02-9/30/02

PCN Program Objective

To increase the PCN enrollee self-reported physical health status scores.

a. SF-12 Self-Reported Health Status Physical Component Score ('100' = the best health status)¹

Score	Non-Former UMAP Respondents N = 4,175	Std Deviation	Former UMAP Respondents N = 686	Std Deviation	All Respondents N = 4,861	Std Deviation	U.S. Norm Physical Component, 1998 ³
Physical Component	47.99	15.65	32.12	14.34	45.82	16.40	49.63

SF-12 Physical Component Scores by Age Group in Comparison with the SF-12 1998 U.S. General Population

Age Group	Non-Former UMAP Respondents N = 4,175	Former UMAP Respondents N = 686	All Respondents N = 4,861	U.S. Norm SF-12, 1998 ³
19-24 ²	54.89	42.83	54.03	53.02
25-34	53.49	37.73	52.40	53.27
35-44	46.76	31.15	44.95	52.00
45-54	40.10	27.87	37.50	49.35
55-64	39.20	32.34	37.26	46.90

Major Finding

- The 45-54 age group of PCN respondents had the largest gap in physical health with their counterpart in the U.S. general population.

Notes

1. Question #1 and Questions #20-30 on the assessment form were used to analyze SF-12 physical and mental health status of PCN applicants.
2. SF-12 U.S. Norm is for the age group of 18-24.
3. U.S. norms obtained from "SF-12v2, How to Score Version 2 of the SF-12 Health Survey" QualityMetric, Inc., pgs. 83-84, 2002.

Indicator 1: Enrollees' Self-Reported Health Status (b) – Mental Component (SF-12)

For the first 4,861 PCN respondents, 7/1/02-9/30/02

b. SF-12 Self-Reported Health Status Mental Component Score ('100' = the best health status)¹

Score	Non-Former UMAP Respondents N = 4,175	Std Deviation	Former UMAP Respondents N = 686	Std Deviation	All Respondents N = 4,861	Std Deviation	U.S. Norm Mental Component, 1998 ³
Mental Component	40.30	5.20	39.99	5.90	40.26	5.30	49.37

SF-12 Mental Component Scores by Age Group in Comparison with the SF-12 1998 U.S. General Population

Age Group	Non-Former UMAP Respondents N = 4,175	Former UMAP Respondents N = 686	All Respondents N = 4,861	U.S. Norm SF-12, 1998 ³
19-24 ²	40.04	40.39	40.06	46.00
25-34	40.30	39.36	40.23	48.90
35-44	40.24	39.35	40.13	48.79
45-54	40.26	40.07	40.22	49.90
55-64	41.09	40.67	40.97	50.84

Major Finding

- Mental health status of all PCN respondents is poorer than the U.S. general population in every age group.
- No noticeable variation of mental health status exists among five different age groups of PCN respondents.

Notes

1. Question #1 and Questions #20-30 on the assessment form were used to analyze SF-12 physical and mental health status of PCN applicants.
2. SF-12 U.S. Norm is for the age group of 18-24.
3. U.S. norms obtained from "SF-12v2, How to Score Version 2 of the SF-12 Health Survey" QualityMetric, Inc., pgs. 83-84, 2002.

Indicator 2: Prevalence of Chronic Conditions

For the first 4,861 PCN respondents, 7/1/02-9/30/02

PCN Program Objective:

To better assess prevalence of chronic conditions among PCN enrollees.

A. Diagnosed Chronic Conditions

Number and Percentage of PCN Respondents Who Have Ever Been Told by a Health Professional that He or She Had Any of the Following Chronic Conditions in Comparison with the 2001 Utah General Population¹

	Number of non-Former UMAP PCN respondents N = 4,175	%	Number of Former UMAP PCN respondents N = 686	%	All PCN Respondents N = 4,861	%	% of Utah 2001 General Population been Diagnosed ³	
Asthma	607	14.5%	173	25.2%	780	16.0%	N/A ²	
Arthritis	613	14.7%	280	40.8%	893	18.4%	11.5%	$\pm 0.6\%$
Cancer	155	3.7%	46	6.7%	201	4.1%	N/A	
Diabetes	340	8.1%	160	23.3%	500	10.3%	3.5%	$\pm 0.3\%$
Depression	1,293	31.0%	368	53.6%	1,661	34.2%	N/A	
Heart Disease	203	4.9%	78	11.4%	281	5.8%	3.3%	$\pm 0.3\%$
High Blood Pressure	727	17.4%	291	42.4%	1,018	20.9%	N/A	
Alcohol/Drug Problems	243	5.8%	96	14.0%	339	7.0%	N/A	
Oral Health Problems	1,206	28.9%	319	46.5%	1,525	31.4%	N/A	

Major Finding

- PCN respondents have a higher prevalence rate in being told or diagnosed with arthritis, diabetes, and heart diseases than the 2001 Utah general population.

Notes

1. Question #2 on the health assessment form was used to analyze Diagnosed Chronic Conditions. Multiple answers were allowed for this question.
2. N/A means that the information was not available.
3. Source of comparable data: Office of Public Health Assessment. (2002). Overview of the 2001 Health Status Survey (2001 Utah Health Status Survey Report). Salt Lake City, UT: Utah Department of Health.

Indicator 2: Prevalence of Chronic Conditions (Continued)

For the first 4,861 PCN respondents, 7/1/02-9/30/02

B. Current Chronic Conditions

Number and Percentage of PCN Respondents Who Have Ever Been Told By a Health Professional that He or She Had a Chronic Condition and Still Have that Condition¹

	Number of non-Former UMAP PCN respondents N = 4,175	%	Number of Former UMAP PCN respondents N = 686	%	All PCN respondents N = 4,861	%
Asthma	474	11.4%	156	22.7%	630	13.0%
Arthritis	574	13.7%	266	38.8%	840	17.3%
Cancer	50	1.2%	17	2.5%	67	1.4%
Diabetes	318	7.6%	158	23.0%	476	9.8%
Depression	1,025	24.6%	320	46.6%	1,345	27.7%
Heart Disease	182	4.4%	67	9.8%	249	5.1%
High Blood Pressure	550	13.2%	258	37.6%	808	16.6%
Alcohol/Drug Problems	117	2.8%	41	6.0%	158	3.3%
Oral Health Problems	975	23.4%	283	41.3%	1,258	25.9%

Major Finding

- Approximately one of four PCN respondents is either affected by depression or oral health problems.

Notes

1. Question #3 on the health assessment form was used to analyze Current Chronic Conditions. Multiple answers were allowed for this question.

Indicator 3: Got Needed Care
For the first 4,861 PCN respondents, 7/1/02-9/30/02

PCN Program Objective

To increase the percentage of PCN enrollees who need medical and dental care and prescription medications and are able to receive the needed medical and dental care and prescription medications.

A. Needed Health Care

Number and Percentage of PCN Enrollees Who Needed Any of the Following Kinds of Health Care¹

	Number of non-Former UMAP PCN respondents N = 4,175	%	Number of Former UMAP PCN respondents N = 686	%	All PCN respondents N = 4,861	%
Medical Care	2,465	59.0%	591	86.2%	3,056	62.9%
Dental Care	1,781	42.7%	351	51.2%	2,132	43.9%
Mental Health Care	579	13.9%	221	32.2%	800	16.5%
Alcohol/Drug Treatment	118	2.8%	44	6.4%	162	3.3%
Prescription Medication	2,391	57.3%	587	85.6%	2,978	61.3%
Other	421	10.1%	105	15.3%	526	10.8%

Major Finding

- 61% of the survey population needed prescription medication during the past six months.

Notes

1. Question #4 on the health assessment form was used to analyze Got Needed Care. Multiple answers were allowed for this question

Indicator 3: Got Needed Care (Continued)
For the first 4,861 PCN respondents, 7/1/02-9/30/02

B. Able to Receive Needed Health Care

Number and Percentage of PCN Enrollees Who Received Any of the Following Kinds of Needed Health Care¹

	Number of non-Former UMAP PCN respondents N = 4,175	%	Number of Former UMAP PCN respondents N = 686	%	All PCN respondents N = 4,861	%
Medical Care	1,598	64.8%	444	75.1%	2,042	66.8%
Dental Care	689	38.7%	118	33.6%	807	37.9%
Mental Health Care	329	56.8%	134	60.6%	463	57.9%
Alcohol/Drug Treatment	79	66.9%	29	65.9%	108	66.7%
Prescription Medication	1,487	62.2%	410	69.8%	1,897	63.7%
Other	79	18.8%	19	18.1%	98	18.6%

Major Findings

- About one-third of the survey population were unable to receive needed prescription medication during the past six months.
- Nearly two-thirds of the former UMAP respondents did not receive dental care in the past six months.

Notes

1. Question #5 on the health assessment form was used to analyze Able to Receive Needed Health Care. Multiple answers were allowed for this question.

Indicator 4: Received Routine Care
For the first 4,861 PCN respondents, 7/1/02-9/30/02

PCN Program Objective

To increase the use of routine health care among PCN enrollees.

Number and Percentage of PCN Respondents Who Went to a Health Provider to Get Routine Care for Themselves in the Last Six Months¹

	Number of non-Former UMAP PCN respondents N = 4,175	%	Number of Former UMAP PCN respondents N = 686	%	All PCN respondents N = 4,861	%	Utah General Population 2001 (Health Status Survey)²	
None	2,016	48.3%	108	15.7%	2,124	43.7%		
One or more times	2,123	50.8%	573	83.6%	2,696	55.5%	70.70%	<u>+1.1%</u>
Unknown	36	0.9%	5	0.7%	41	0.8%		
Total	4,175	100.0%	686	100.0%	4,861	100.0%		

Major Findings

- Nearly half of PCN respondents did not receive routine health care in the past six months.
- The gap of receiving routine care between PCN respondents and the 2001 Utah general population was significant.

Notes

1. Question #6 on the health assessment form was used to analyze Got Needed Care.
2. Source of comparable data: Office of Public Health Assessment. (2002). Overview of the 2001 Health Status Survey (2001 Utah Health Status Survey Report). Salt Lake City, UT: Utah Department of Health.

Indicator 5: Emergency Department Visits

For the first 4,861 PCN respondents, 7/1/02-9/30/02

PCN Program Objective

To reduce preventable or avoidable emergency department visits among PCN enrollees.

Number and Rate of PCN Respondents Who Went to an Emergency Room to Get Care for Themselves in the Last Six Months, in Comparison with the Utah 2001 General Population¹

	Self Reported ED Visits						Estimated of PCN ED Visits²		Utah Population, Age 18-64, ED Visit Rate 2000² (Six Month Estimate)	
	Non-Former UMAP PCN respondents N = 4,175		Former UMAP PCN respondents N = 686		All PCN Respondents N = 4,861					
			N				N	Rate per 10,000 PCN enrollees	Rate per 10,000 Utah Residents,	
None	3,098	74.2%	402	58.6%	3,500	72.0%				
One or More Times	977	23.4%	254	37.0%	1,231	25.4%				
One	612	14.7%	132	19.2%	744	15.3%				744
Two or Three	298	7.1%	99	14.4%	397	8.2%				794
Four or More	67	1.6%	23	3.4%	90	1.9%				360
Unknown	100	2.4%	30	4.4%	130	2.6%				
Total	4,175	100.0%	686	100.0%	4,861	100.0%	1,898	3,905	1,231	

Major Finding

- Over one in four PCN respondents went to an emergency room in the past six months.

Notes

1. Utah PCN Health Assessment form was used to analyze Emergency Department Visits.

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2. Source of comparable data: Utah Office of Health Care Statistics. (2002). Utah Emergency Department Encounter Database. Salt Lake City, UT: Utah Department of Health. Note: Comparable data is for the 18-64 year old age group.

Indicator 6: Hospitalizations
For the first 4,861 PCN respondents, 7/1/02-9/30/02

PCN Program Objective

To reduce preventable or avoidable hospitalizations among PCN enrollees.

Number and Rate of Hospitalizations for PCN Respondents Who Stayed Overnight in a Hospital in the Last Six Months, in Comparison with the Utah General Population¹

	Self Reported Hospitalizations						Estimated of Hospitalizations²		Utah Population, Age 18-64 Hospitalization, 2001² (Six Month Estimate)	
	Non-Former UMAP PCN respondents N = 4,175		Former UMAP PCN respondents N = 686		All PCN Respondents N = 4,861					
	N	%	N	%	N	%	N	Rate per 10,000 PCN enrollees	Rate per 10,000 Utah Residents,	
None	3,797	90.9%	579	84.4%	4,376	90.0%				
One or More Times	348	8.3%	105	15.4%	453	9.3%				
One	242	5.8%	74	10.8%	316	6.5%				316
Two or Three	63	1.5%	23	3.4%	86	1.8%				172
Four or More	43	1.0%	8	1.2%	51	1.0%				204
Unknown	30	0.7%	2	0.2%	32	0.7%				
Total	4,175	100.0%	686	100.0%	4,861	100.0%	692	1,424	419	

Major Finding

- Approximately nine percent (9.3%) of PCN respondents were hospitalized in the past six months.

Notes

1. Question #13 on the health assessment form was used to analyze to Self-Reported Hospitalizations.
2. Source of comparable data: Utah Office of Health Care Statistics. (2002). Utah Inpatient Hospital Discharge Database. Salt Lake City, UT: Utah Department of Health. Note: Comparable data is for the 18-64 year old age group.

Indicator 7: Got Specialty Care
For the first 4,861 PCN respondents, 7/1/02-9/30/02

PCN Program Objective

To increase the number of PCN enrollees who need specialty care and are able to receive the needed care.

A. Needed Specialty Care

Number and Percentage of PCN Enrollees Whose Doctors Thought They Needed Specialty Care in the Last Six Months¹

	Number of non-Former UMAP PCN respondents N = 4,175	%	Number of Former UMAP PCN respondents N = 686	%	All PCN respondents N = 4,861	%
Yes	1,350	32.3%	431	62.8%	1,781	36.6%
No	2,731	65.4%	238	34.7%	2,969	61.1%
Unknown	94	2.3%	17	2.5%	111	2.3%
Total	4,175	100.0%	686	100.0%	4,861	100.0%

Major Findings

- Over one in three (36.6%) PCN respondents needed to see a specialist in the past six months.
- Nearly two-thirds of former UMAP respondents (62.8%) needed to see a specialist in the past six months.

Notes

1. Question #14 on the health assessment form was used to analyze Needed Specialty Care.

Indicator 7: Got Specialty Care (continued)
For the first 4,861 PCN respondents, 7/1/02-9/30/02

B. Able to Receive Needed Specialty Care

Number and Percentage of PCN Enrollees Who Received Needed Specialty Care in the Last Six Months¹

	Number of non-Former UMAP PCN respondents N = 1,350	%	Number of Former UMAP PCN respondents N = 431	%	All PCN respondents N = 1,781	%
Yes	865	64.1%	268	62.2%	1,133	63.6%
No	468	34.7%	154	35.7%	622	34.9%
Unknown	17	1.3%	9	2.1%	26	1.5%
Total	1,350 ²	100.0%	431 ²	100.0%	1,781 ²	100.0%

Major Findings

- Approximately two thirds of PCN respondents (63.6%) who needed specialty care saw a specialist in the past six months.
- Former-UMAP and non-Former UMAP enrollees, those able to receive needed specialty care, were comparably distributed, 62.2% and 64.1% respectively.

Notes

1. Question #16 on the health assessment form was used to analyze Received Needed Specialty Care.
2. Denominator for each category equals the number of enrollees that, either by personal opinion or suggested by a doctor, needed to see a specialist.

Indicator 8: Prevalence of Smoking and Chewing Tobacco Use

For the first 4,861 PCN respondents, 7/1/02-9/30/02

PCN Program Objective

To reduce self-reported tobacco use among PCN enrollees who currently use tobacco.

Number and Percentage of PCN Respondents Who Now Smoke or Use Chew Tobacco and Would Like Information on a Free Program to Help Them to Quit Smoking, in Comparison with the Utah General Adult Population¹

	% of Utah General Adult Population ³	PCN Respondents											
		Currently Use Tobacco ²						Want Information to Quit Smoking or Chew Tobacco					
		Number of non-Former UMAP PCN respondents N = 4,175		Number of Former UMAP PCN respondents N = 686		All PCN Respondents N = 4,861		Number of non-Former UMAP PCN respondents N = 1,169		Number of Former UMAP PCN respondents N = 308		All PCN Respondents N = 1,477	
		N	%	N	%	N	%	N	%	N	%	N	%
Yes	14.6%	1,169	28.0%	308	44.9%	1,477	30.4%	796	68.1%	226	73.4%	1,022	69.2%
No	85.4%	2,939	70.4%	367	53.5%	3,306	68.0%	356	30.5%	78	25.3%	434	29.4%
Unknown	0%	67	1.6%	11	1.6%	78	1.6%	17	1.5%	4	1.3%	21	1.4%
Total	100.0%	4,175	100.0%	686	100.0%	4,861	100.0%	1,169	100.0%	308	100.0%	1,477	100.0%

Major Findings

- More than 30% of PCN respondents either smoke or chew tobacco.
- Over two thirds of PCN respondents would like to receive smoking cessation materials.

Notes

1. Question #31 (Tobacco Use) and Question #32 (Request for Information) on the health assessment form was used for this analysis.
2. Current cigarette smoking (age 19 and over) = smoked 100 cigarettes or more and currently smokes every day or some days.

3. Source of comparable information: Office of Public Health Assessment. 2001 Utah's Behavioral Risk Factor Surveillance System Questionnaire. Salt Lake City, UT: Utah Department of Health.

Indicator 9: Problem of Getting Needed Care

For the first 4,861 PCN respondents, 7/1/02-9/30/02

PCN Program Objective

To reduce access barriers for PCN enrollees who need care that the enrollee or doctor believes necessary.

Number and Percentage of PCN Respondents Who Reported There was a Problem to Get the Care a Doctor Believed Necessary in the Last Six Months, in Comparison with Medicaid HMO Enrollees¹

	Number of non-Former UMAP PCN respondents N = 4,175		Number of Former UMAP PCN respondents N = 686		All PCN Respondents N = 4,861		Adult Medicaid HMO Enrollees CAHPS 2000 ²
	N	%	N	%	N	%	%
A Big Problem	1,021	24.5%	281	41.0%	1,302	26.8%	6.0%
A Small Problem	752	18.0%	158	23.0%	910	18.7%	15.0%
Not a Problem	1,269	30.4%	202	29.4%	1,471	30.3%	79.0%
Did Not Need Health Care	1,050	25.1%	32	4.7%	1,082	22.3%	0.0%
Unknown	83	2.0%	13	1.9%	96	2.0%	0.0%
Total	4,175	100.0%	686	100.0%	4,861	100.0%	100.0%

Major Findings

- Over 45% of PCN respondents reported having a problem in getting needed care in the past six months.
- In comparison, only 21.0% of Medicaid HMO enrollees reported trouble receiving needed care in 2000.

Notes

1. Question #7 on the health assessment form was used to analyze Problem Receiving Needed Care.
2. Source of Comparable Data: 2001 HMO Performance Report, Utah Department of Health, 2001.

Indicator 10: Problem of Getting Referrals to the Specialists

For the first 4,861 PCN respondents, 7/1/02-9/30/02

PCN Program Objective

To reduce the percentage of self-reported difficulty to get the care that an enrollee or a doctor believed necessary.

Number and Percentage of PCN Respondents Who Reported There Was a Problem to Get a Referral to the Specialist She/He Needed to See, in Comparison with Medicaid HMO Enrollees¹

	Number of non-Former UMAP PCN respondents N = 1,350		Number of Former UMAP PCN Respondents N = 431		All PCN Respondents N = 1,781		Adult Medicaid HMO Enrollees CAHPS 2000 ²
	N	%	N	%	N	%	%
A Big Problem	385	28.5%	185	42.9%	570	32.0%	10.0%
A Small Problem	207	15.3%	74	17.2%	281	15.8%	12.0%
Not a Problem	724	53.6%	160	37.1%	884	49.6%	78.0%
Unknown	34	2.5%	12	2.8%	46	2.6%	0.0%
Total	1,350	100.0%	431	100.0%	1,781	100.0%	100.0%

Major Findings

- Over 47% of all PCN respondents had a problem getting a referral to her/his needed specialist.
- Sixty percent (60.1%) of former UMAP respondents reported difficulty in getting a referral to.

Notes

1. Question # 15 on the health assessment form was used to analyze Problem of Getting Referrals to Specialists.
2. Source of Comparable Data: 2001 HMO Performance Report, Utah Department of Health, 2001.

V. References

1. Quality Metric Incorporated. (2002). SF-12v2: How to Score Version 2 of the SF-12 Health Survey. Lincoln, RI.
2. Office of Public Health Assessment. (2002). Overview of the 2001 Health Status Survey (2001 Utah Health Status Survey Report). Salt Lake City, UT: Utah Department of Health.
3. Utah Office of Health Care Statistics. (2002). Utah Emergency Department Encounter Database. Salt Lake City, UT: Utah Department of Health.
4. Utah Office of Health Care Statistics. (2002). Utah Inpatient Hospital Discharge Database. Salt Lake City, UT: Utah Department of Health.
5. Utah Office of Health Care Statistics. (2001). 2001 Utah HMO Performance Report, How to Compare HMOs: Part I, Consumer Satisfaction Survey Results. Salt Lake City, UT: Utah Department of Health.
6. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001.

VI. Appendices

Appendix A. The PCN Self Health Assessment Questionnaire

VI. Appendices (continued)

Appendix B. Detailed Tables of the PCN Self Health Assessment

- For the first 4,175 non-former UMAP PCN respondents from July 1 to September 30, 2002
- For the 686 former UMAP PCN respondents from July 1 to September 30, 2002
- For the first 4,861 PCN respondents (non-former UMAP + former UMAP) from July 1 to September 30, 2002

Note: Appendix B is not included in this copy of the report. Please contact Mike Martin at 801-538-9205 or Mikemartin@utah.gov, if you would like to have a copy of the detailed tables.